### **ARIZONA CORPORATION COMMISSION UTILITIES DIVISION**

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

W-01959A Grandview Water Company, Inc.  $11632~S.~194^{th}~Dr.$ Buckeye, AZ 85326

RECEIVED

ACC UTTLITTES DIRECTOR

## ANNUAL REPORT Water

FOR YEAR ENDING

12 31 2010

FOR COMMISSION USE

**ANN 04** 

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#### **COMPANY INFORMATION**

Company Name (Business Name)		<u> Co., Inc.</u>	
Mailing Address <u>C/of 11632</u> 5.  Buckeye (Circle)	194th Drive		
(Street)	A.	8	75326
(City)	(State)	(2	35326 Zip)
623-386-3713 Telephone No. (Include Area Code)	623-386-0967	·	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Inch	ude Area Code)
Email Address Rhoe r-cats.	om		
Local Office Mailing Address	above		
(City)	(State)	(2	Zip)
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Incl	ude Area Code)
Email Address			
☐Regulatory Contact:  ☑ Management Contact: Doug Cree	owl-DC Sampling	O	oerator 85242
1861 W. Half Moon Circle	(Name)	_A_	8524 <b>2</b>
(Street)	(City)	(State)	(Zip)
<u>602 - 332 - 3697</u> Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Inclu	de Area Code)
Email Address			·
On Site Manager: Mark Knis	(Name)		
19301 W. Fox Road	Pucheve	A	85326
(Street)	(City)	(State)	(Zip)
Lagrandia (Include Area Code)  Telephone No. (Include Area Code)  Email Address	Fax No. (Include Area Code)	Cell No. (Inclu	de Area Code)

Statutory Agent: Rhonda	Hogue (Name)				
11632 5.194th Drive	Buckeye 623-386-0967	(State)	85324 (Zip)		
	1023-386-0967				
623-386-3713 Telephone No. (Include Area Code)	Fax No. (Include Area Code	Cell No. (Inc	lude Area Code)		
Attorney:	(Name)				
	(Titalie)				
(Street)	(City)	(State)	(Zip)		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Inc	lude Area Code)		
Email Address					
OW	NERSHIP INFORMATIO	<u> </u>			
Check the following box that applies to y	our company:				
Sole Proprietor (S)	C Corporation (C) (Other than Association/Co-op)				
Partnership (P)	Subchapter S Corporation (Z)				
Bankruptcy (B)	Association/Co-o	p (A)			
Receivership (R)	Limited Liability	Company			
Other (Describe)					
,	COUNTIES SERVED				
Check the box below for the county/ies in	n which you are certificated to pr	ovide service:			
_			(NO		
□ АРАСНЕ	☐ COCHISE		INO		
☐ GILA	☐ GRAHAM	GREENI	ÆE		
☐ LA PAZ	MARICOPA MARICOPA	☐ MOHAV	E		
☐ NAVAJO	☐ PIMA	☐ PINAL			
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA			
☐ STATEWIDE					

### UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	14,673	14,673	0

This amount goes on the Balance Sheet Acct. No. 108

## CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
· · · · · ·	TOTALS			N/A

This amount goes on the Comparative Statement of Income and Expense \_ Acct. No. 403.

### **BALANCE SHEET**

Acct No.		BEGIN	NCE AT NING OF EAR	E	ANCE AT ND OF TEAR
	ASSETS	111	LAK	-	LAN
<del></del>	CURRENT AND ACCRUED ASSETS				
131	Cash	\$		\$	
134	Working Funds				
135	Temporary Cash Investments				
141	Customer Accounts Receivable				
146	Notes/Receivables from Associated Companies				
151	Plant Material and Supplies				
162	Prepayments				
174	Miscellaneous Current and Accrued Assets				
	TOTAL CURRENT AND ACCRUED ASSETS	\$		\$	
	FIXED ASSETS				
101	Utility Plant in Service	\$ 14,	673	\$ 14	,673
103	Property Held for Future Use				
105	Construction Work in Progress				
108	Accumulated Depreciation – Utility Plant	14,	673	14	,673
121	Non-Utility Property				
122	Accumulated Depreciation – Non Utility				
	TOTAL FIXED ASSETS	\$	0	\$	0_
	TOTAL ASSETS	\$	0	\$	0

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

### BALANCE SHEET (CONTINUED)

Acct. No.		BALAN BEGINN	ING OF	BALANCE AT END OF	
	LIABILITIES	YEA	AR	Y.	EAR
	CURRENT LIABILITES				
231	Accounts Payable	\$		\$	<u> </u>
232	Notes Payable (Current Portion)	<u>Ψ</u>		Ψ	
$\frac{232}{234}$	Notes Payable (Current Fortion)  Notes/Accounts Payable to Associated Companies		<del></del>		
235	Customer Deposits				
236	Accrued Taxes				
237	Accrued Interest				<del>-</del>
241	Miscellaneous Current and Accrued Liabilities				
271	TOTAL CURRENT LIABILITIES	\$	0	\$	0
	TOTAL CORRENT BIABILITIES				
	LONG-TERM DEBT (Over 12 Months)				
224	Long-Term Notes and Bonds	\$	<del></del>	\$	
				-	
	DEFERRED CREDITS			_	
251	Unamortized Premium on Debt	\$		\$	
252	Advances in Aid of Construction				
255	Accumulated Deferred Investment Tax Credits				
271	Contributions in Aid of Construction		-		
272	Less: Amortization of Contributions				
281	Accumulated Deferred Income Tax				
	TOTAL DEFERRED CREDITS	\$	0	\$	0
	TOTAL LIABILITIES	\$	0	\$	0
				1	
,,, X	CAPITAL ACCOUNTS				
201	Common Stock Issued	\$		\$	
211	Paid in Capital in Excess of Par Value				
215	Retained Earnings				
218	Proprietary Capital (Sole Props and Partnerships)				
	TOTAL CAPITAL	\$	0	\$	0
	TOTAL LIABILITIES AND CAPITAL	\$	0	\$	0

### COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRI	OR YEAR	CURRE	NT YEAR
461	Metered Water Revenue	\$	O	\$	0
460	Unmetered Water Revenue		1128		1230
474	Other Water Revenues		10058		4978
	TOTAL REVENUES	\$	6058 7186	\$	6208
	OPERATING EXPENSES				
601	Salaries and Wages	\$	0	\$	
610	Purchased Water		0		
615	Purchased Power		2276		2412
618	Chemicals		0		
620	Repairs and Maintenance		1292		483
621	Office Supplies and Expense		0		
630	Outside Services		450		495
635	Water Testing		1240		1640
641	Rents				
650	Transportation Expenses				
657	Insurance – General Liability				
659	Insurance - Health and Life				
666	Regulatory Commission Expense – Rate Case				
675	Miscellaneous Expense		1460		703
403	Depreciation Expense		•		·
408	Taxes Other Than Income		83		74_
408.11	Property Taxes		385		74 401
409	Income Tax				
	TOTAL OPERATING EXPENSES	\$	7186	\$	6208
	OPERATING INCOME/(LOSS)	\$	0	\$	0
<del></del>					
-	OTHER INCOME/(EXPENSE)				
419	Interest and Dividend Income	\$		\$	
421	Non-Utility Income				* ***
426	Miscellaneous Non-Utility Expenses				
427	Interest Expense				
	TOTAL OTHER INCOME/(EXPENSE)	\$	0	\$	0
	NET INCOME/(LOSS)	\$	0	\$	0

### SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	N/A	N/A	N/A	N/A
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	9	% %	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	\$ <i>O</i>
Meter Deposits Refunded During the Test Year	\$ 0

COMPANY NAME	Grandview	Water Co., 1	nc ·
Name of System:		ADEQ Public Water	System Number:

### WATER COMPANY PLANT DESCRIPTION

#### $\underline{\textbf{WELLS}}$

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
609469	3	35	225	16	2/2	1952
		-		-		

<sup>\*</sup> Arizona Department of Water Resources Identification Number

#### OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
N/A		

BOOSTER PUN	MPS	FIRE HYDRANTS			
Horsepower	Quantity	Quantity Standard	Quantity Other		
5	1	5			

STORAGE TA	NKS	PRESSURE TANKS			
Capacity	Quantity	Capacity	Quantity		
10,000		2,000	1		

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	Grandview Water Co., Inc.
Name of System:	ADEQ Public Water System Number:

### WATER COMPANY PLANT DESCRIPTION (CONTINUED)

**MAINS** 

Size (in inches) Material Length (in fe							
Material	Length (in feet)						
	1,665						
	1,665						
	Length (in feet)  1,665  1,665  5,295						
	/						
, , , , , , , , , , , , , , , , , , , ,							

**CUSTOMER METERS** 

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:	
Automatic Chlorinator	
STRUCTURES:	
N/A	
OTHER:	
Well pump	
Booster pump	
Booster pump Storage tank	 
Pressure tank	

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	Brandview	Water Co., Inc.
Name of System:		ADEQ Public Water System Number:

### WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2010

MONTH	NUMBER OF	GALLONS	GALLONS	GALLONS
	CUSTOMERS	SOLD	PUMPED	PURCHASED
		(Thousands)	(Thousands)	(Thousands)
JANUARY	20	516	516	
FEBRUARY	20	447	447	
MARCH	20	442	442	
APRIL	20	401	401	
MAY	20	580	580	
JUNE	20	625	625	
JULY	20	727	727	
AUGUST	20	813	813	
SEPTEMBER	20	653	653	
OCTOBER	20	757	757	
NOVEMBER	20	619	619	
DECEMBER	20	543	543	
	$TOTALS \longrightarrow$	7/23	7,123	0

(If more than one well, please list each separately.)
If system has fire hydrants, what is the fire flow requirement?GPM forhrs
If system has chlorination treatment, does this treatment system chlorinate continuously (X) Yes ( ) No
Is the Water Utility located in an ADWR Active Management Area (AMA)?  (X) Yes  ( ) No
Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?  ( ) Yes (X) No
If yes, provide the GPCPD amount:

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME:	Brandview Water Co., Inc.
Name of System:	ADEQ Public Water System Number:

### UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			- ing.,
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTALS>	0	0	0

OTHER (de	escription):						
			 	·	 	 	
	<del></del>		 			 <del>_</del> _	 
			 **************************************		 	 	 
		-	 		 	 	 

## COMPANY NAME Grandview Water Co., Inc. YEAR ENDING 12/31/2010

### PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2010 was: \$400.51
Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.
If no property taxes paid, explain why

#### VERIFICATION **AND** SWORN STATEMENT Taxes

	T WALLS	Aca
ERIFICATION		CCUMINISS
STATE OF Arizona	COUNTY OF (COUNTY NAME)  Maricopa	RECT
I, THE UNDERSIGNED	Rhonda Hogue, Treasurer	
OF THE	Grandview Water Co., Inc	

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

YEAR MONTH DAY 2010 12 31

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

> SIGNATURE OF OWNER OR OFFICE 623-386-3713 TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME MAN WAS 2011 April

MY COMMISSION EXPIRES\_

THIS

12th

(SEAL)

JAn. 3, 2014

DAY OF

und OF NOTARY PUBLIC

RUSSELL L. COLVILLE NOTARY PUBLIC - State of Arizona MARICOPA COUNTY My Comm. Expires Jan. 3, 2014

OFFICIAL SEAL

RECEIVED

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# COMPANY NAME Grandview Water Co., Inc. YEAR ENDING 12/31/2010

### **INCOME TAXES**

For this reporting period, provide the following:	
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability	<u>O</u>
State Taxable Income Reported Estimated or Actual State Tax Liability	<i>O</i>
Amount of Grossed-Up Contributions/Advances:	
Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances	<i>O O O O O O O O O O</i>
of the tax year when tax returns are completed. I any Payer or if any gross-up tax refunds have alr	will refund any excess gross-up funds collected at the close Pursuant to this Decision, if gross-up tax refunds are due to eady been made, attach the following information by Payer nount of gross-up tax collected, the amount of refund due to see or has made the refund to the Payer.
CERTIFICATION	
prior year's annual report. This certification is to	as refunded to Payers all gross-up tax refunds reported in the besigned by the President or Chief Executive Officer, if a partnership; the managing member, if a limited liability rship.
SIGNATURE	<u>AP 13, 2011</u> DATE
Mark Knister PRINTED NAME	President TITLE

## VERIFICATION AND

VERIFICATION AND	RECEIVED
SWORN STATEMENT	
Intrastate Revenues Only	ACCUTILITIES DIRECTOR
TY OF (COUNTY NAME)	"ES DIRECTOR
COPO COWNER OR OFFICIAL) TITLE	

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

Mar Rhonda Hogue, Grandview Water Co., Inc.

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

COUN

FOR THE YEAR ENDING

YEAR DAY MONTH 2010 12 31

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2010 WAS:

> Arizona Intrastate Gross Operating Revenues Only (\$) s 6,208 (THE AMOUNT IN BOX ABOVE INCLUDES \$ -0 IN SALES TAXES BILLED, OR COLLECTED)

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

12th

DAY OF

COUNTY NAME Maricopa

386-3713 TELEPHONE NUMBER

2011

ARY PUBLIC

OFFICIAL SEAL
OF

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#### VERIFICATION **AND SWORN STATEMENT** RESIDENTIAL REVENUE **Intrastate Revenues Only**



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**VERIFICATION** 

STATE OF ARIZONA	COUNTY OF (COUNTY NAME)  Maricopa			
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL)  Rhonda HOQUE		TITLE TIPE	surer
OF THE		Dater Co	o., Inc.	
DO SAY THAT THIS ANNU			,	COMMISSION
FOR THE YEAR ENDING	MONTH DAY 12 31	YEAR 2010		
RECORDS OF SAID THE SAME TO BE A UTILITY FOR THE	RED UNDER MY DIRECT UTILITY; THAT I HAVE COMPLETE AND CORRE PERIOD COVERED BY NG SET FORTH, TO TH	CAREFULLY CT STATEMI THIS REPOR	Y EXAMINED THE SAMENT OF BUSINESS AND RT IN RESPECT TO D	ME, AND DECLAF D AFFAIRS OF SA EACH AND EVER
SWORN STATEMEN	Γ			
ARIZONA REVISED REVENUE OF SAID	WITH THE REQUIREME STATUTES, IT IS HE UTILITY DERIVED FR ESIDENTIAL CUSTOMER	REIN REPOI OM <u>ARIZON</u>	RTED THAT THE G A INTRASTATE UTI	ROSS OPERATIN LITY OPERATION
ARIZONA INTRASTATE GROS		INCLUD	OUNT IN BOX AT LEF ES \$ _ <del>     </del> S TAXES BILLED, OR (	
*RESIDENTIAL REVENUMUST INCLUDE SALES	UE REPORTED ON THIS P S TAXES BILLED.	'AGE	SIGNATURE OF OWNER OR OFFI	SALE SIAL
		_los	23-386-37/3 TELEPHONE NUMBER	3
SUBSCRIBED	AND SWORN TO BEFOR	E ME	NOTARY PURLIC NAME RUSSE	1 L. Colville
A NOTARY P	UBLIC IN AND FOR THE	COUNTY OF	COUNTY NAME Maricopa	
THIS	12也 DAY	Y OF	MONTH April	,20 <u>/</u>
(SEAI) MY CO	OFFICIAL SEAL RUSSELL L. COLVILLE NOTARY PUBLIC, State of Arizona MARICOPA COUNTY My Comm. Expires Jan. 3, 2014		SIQUATURE OF NOTARY	PUBLIC